

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CLEARPATH ACTION, INC.

ADDRESS (number and street)

300 NEW JERSEY AVE NW #907

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00608943

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2016

through

M M M / D D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

CROSBY, CALEB, , ,

Type or Print Name of Treasurer

Signature of Treasurer

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CLEARPATH ACTION, INC.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2016

To:

M M	/	D D	/	Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date												
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">2016</td></tr></table>	Y	Y	Y	Y	2016					<table><tr><td colspan="4">0.00</td></tr></table>	0.00			
Y	Y	Y	Y											
2016														
0.00														
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="4">445851.01</td></tr></table>	445851.01												
445851.01														
(c) Total Receipts (from Line 19)	<table><tr><td colspan="4">1500000.00</td></tr></table>	1500000.00				<table><tr><td colspan="4">3650000.00</td></tr></table>	3650000.00							
1500000.00														
3650000.00														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="4">1945851.01</td></tr></table>	1945851.01				<table><tr><td colspan="4">3650000.00</td></tr></table>	3650000.00							
1945851.01														
3650000.00														
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="4">788939.93</td></tr></table>	788939.93				<table><tr><td colspan="4">2493088.92</td></tr></table>	2493088.92							
788939.93														
2493088.92														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="4">1156911.08</td></tr></table>	1156911.08				<table><tr><td colspan="4">1156911.08</td></tr></table>	1156911.08							
1156911.08														
1156911.08														
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">0.00</td></tr></table>	0.00												
0.00														
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">0.00</td></tr></table>	0.00												
0.00														



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

CLEARPATH ACTION, INC.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2016

To:

M M	/	D D	/	Y Y Y Y
09		30		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1500000.00

3650000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1500000.00

3650000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

1500000.00

3650000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

1500000.00

3650000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

1500000.00

3650000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	185568.34	835807.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	185568.34	835807.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E)	603371.59	1557281.66
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	788939.93	2493088.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	788939.93	2493088.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1500000.00	3650000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1500000.00	3650000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	185568.34	835807.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	185568.34	835807.26

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CLEARPATH ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FAISON, JAY, , ,

Mailing Address 1355 GREENWOOD CLIFF RD
STE 301City
CHARLOTTEState
NCZip Code
28204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEARPATH ACTION, INC.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.4388

Amount of Each Receipt this Period

1500000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500000.00

1500000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. ANTHRO DIGITAL

Mailing Address 455 1ST STREET

City
BROOKLYNState
NYZip Code
11215Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.4387**

Amount of Each Disbursement this Period

-75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANTHRO DIGITAL

Mailing Address 455 1ST STREET

City
BROOKLYNState
NYZip Code
11215Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.4418**

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANTHRO DIGITAL

Mailing Address 455 1ST STREET

City
BROOKLYNState
NYZip Code
11215Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.4420**

Amount of Each Disbursement this Period

108463.46

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

150963.46

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 100 NORTH TRYON STREET

City
CHARLOTTEState
NCZip Code
28255Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

FEC Identification Number

C**Transaction ID : SB21B.4402**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 NORTH TRYON STREET

City
CHARLOTTEState
NCZip Code
28255Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

FEC Identification Number

C**Transaction ID : SB21B.4403**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 NORTH TRYON STREET

City
CHARLOTTEState
NCZip Code
28255Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

FEC Identification Number

C**Transaction ID : SB21B.4404**

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

90.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 100 NORTH TRYON STREET

City
CHARLOTTEState
NCZip Code
28255Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

FEC Identification Number

C**Transaction ID : SB21B.4407**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 NORTH TRYON STREET

City
CHARLOTTEState
NCZip Code
28255Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C**Transaction ID : SB21B.4408**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 NORTH TRYON STREET

City
CHARLOTTEState
NCZip Code
28255Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C**Transaction ID : SB21B.4409**

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 100 NORTH TRYON STREET

City
CHARLOTTEState
NCZip Code
28255Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C**Transaction ID : SB21B.4410**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 NORTH TRYON STREET

City
CHARLOTTEState
NCZip Code
28255Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C**Transaction ID : SB21B.4411**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 NORTH TRYON STREET

City
CHARLOTTEState
NCZip Code
28255Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C**Transaction ID : SB21B.4412**

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. BRACEWELL

Mailing Address PO BOX 848566

City
DALLASState
TXZip Code
75284Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.4417**

Amount of Each Disbursement this Period

 5000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CROSBY OTTENHOFF GROUP

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.4416**

Amount of Each Disbursement this Period

 3500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HPC TECHNOLOGYMailing Address 2870 PEACHTREE RD
#708City
ATLANTAState
GAZip Code
30305Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.4400**

Amount of Each Disbursement this Period

 210.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 8710.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CLEARPATH ACTION, INC.

Full Name (Last, First, Middle Initial)

A. OLIVE TREE STRATEGIES,LLCMailing Address 2711 ORDWAY STREET NW
#200City
WASHINGTONState
DCZip Code
20008Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2016

FEC Identification Number

C**Transaction ID : SB21B.4419**

Amount of Each Disbursement this Period

9374.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RAE, LLC

Mailing Address 626 NORTH CAROLINA AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2016

FEC Identification Number

C**Transaction ID : SB21B.4406**

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE MORNING GROUPMailing Address 525 G STREET SE
#15City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2016

FEC Identification Number

C**Transaction ID : SB21B.4415**

Amount of Each Disbursement this Period

3750.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25624.88

185568.34

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 11433.35		
Purpose of Expenditure PRINTING / POSTAGE		Category/Type 004	Transaction ID : SE.4301 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2016		
Name of Federal Candidate: REED, THOMAS W II, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 23 State: NY <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 63433.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 29 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 14719.12		
Purpose of Expenditure PRINTING / POSTAGE		Category/Type 004	Transaction ID : SE.4302 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2016		
Name of Federal Candidate: CURBELO, CARLOS, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: FL <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 66719.12			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			26152.47		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CROSBY, CALEB, ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee ANTHRO DIGITAL			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2016		
Mailing Address 455 1ST STREET			Amount 14719.12		
City BROOKLYN		State NY	Zip Code 11215		Transaction ID : SE.4303
Purpose of Expenditure PRINTING / POSTAGE			Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2016
Name of Federal Candidate: CURBELO, CARLOS, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			14719.12		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
Full Name of Payee ANTHRO DIGITAL			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 07 / 2016		
Mailing Address 455 1ST STREET			Amount 10000.00		
City BROOKLYN		State NY	Zip Code 11215		Transaction ID : SE.4328
Purpose of Expenditure MEDIA PLACEMENT			Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 07 / 2016
Name of Federal Candidate: CURBELO, CARLOS, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			24719.12		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
(a) SUBTOTAL of Itemized Independent Expenditures			24719.12		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee ANTHRO DIGITAL			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 455 1ST STREET			Amount 10000.00		
City BROOKLYN	State NY	Zip Code 11215	Transaction ID : SE.4329		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016		
Name of Federal Candidate: STEFANIK, ELISE M., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 21 State: NY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ANTHRO DIGITAL			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 455 1ST STREET			Amount 10000.00		
City BROOKLYN	State NY	Zip Code 11215	Transaction ID : SE.4330		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016		
Name of Federal Candidate: REED, THOMAS W II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 23 State: NY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			20000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CROSBY, CALEB, , ,			Date MM / DD / YYYY 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016		
Mailing Address 455 1ST STREET			Amount 100000.00		
City BROOKLYN	State NY	Zip Code 11215	Transaction ID : SE.4311 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 12 / 2016		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004			
Name of Federal Candidate: PORTMAN, ROB, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 281910.07			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
Mailing Address 455 1ST STREET			Amount 71000.00		
City BROOKLYN	State NY	Zip Code 11215	Transaction ID : SE.4339 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2016		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 001			
Name of Federal Candidate: PORTMAN, ROB, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 352910.07			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			171000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CROSBY, CALEB, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 11000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4340 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2016		
Name of Federal Candidate: CURBELO, CARLOS, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 26 State: FL		
Calendar Year-To-Date Per Election for Office Sought 35719.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 100000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4341 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2016		
Name of Federal Candidate: BURR, RICHARD, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 302000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			111000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CROSBY, CALEB, , , <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 10000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4350 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2016		
Name of Federal Candidate: STEFANIK, ELISE M., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 21 State: NY		
Calendar Year-To-Date Per Election for Office Sought 72000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 10000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4351 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2016		
Name of Federal Candidate: REED, THOMAS W II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 23 State: NY		
Calendar Year-To-Date Per Election for Office Sought 83433.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			20000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CROSBY, CALEB, , , _____			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 135000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4358 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
Name of Federal Candidate: BURR, RICHARD, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 437000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 18000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4361 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
Name of Federal Candidate: CURBELO, CARLOS, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 53719.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			153000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>CROSBY, CALEB, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 14000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4364 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
Name of Federal Candidate: STEFANIK, ELISE M., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 21 State: NY		
Calendar Year-To-Date Per Election for Office Sought 86000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 12000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4367 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
Name of Federal Candidate: REED, THOMAS W II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 23 State: NY		
Calendar Year-To-Date Per Election for Office Sought 95433.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			26000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 20000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4370 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
Name of Federal Candidate: KATKO, JOHN M, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: NY <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 20000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 2000.00		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 004	Transaction ID : SE.4371 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
Name of Federal Candidate: KATKO, JOHN M, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: NY <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 22000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			22000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 7500.00		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 004	Transaction ID : SE.4384 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
Name of Federal Candidate: PORTMAN, ROB, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 360410.07			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item		
Mailing Address 455 1ST STREET			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016		
City BROOKLYN	State NY	Zip Code 11215	Amount 20000.00		
Purpose of Expenditure MEDIA PLACEMENT		Category/Type 004	Transaction ID : SE.4376 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 27 / 2016		
Name of Federal Candidate: COFFMAN, MIKE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 20000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			27500.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CROSBY, CALEB, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CLEARPATH ACTION, INC.				FEC IDENTIFICATION NUMBER ▼ C C00608943	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	
Full Name of Payee ANTHRO DIGITAL			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 455 1ST STREET			Amount 2000.00		
City BROOKLYN	State NY	Zip Code 11215	Transaction ID : SE.4379 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016		
Purpose of Expenditure MEDIA PRODUCTION			Category/Type 004		
Name of Federal Candidate: COFFMAN, MIKE, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure			Category/Type		
Name of Federal Candidate:			Office Sought: District: State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	2000.00
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	603371.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

 CROSBY, CALEB, , ,

Date
 MM / DD / YYYY
 10 / 20 / 2016

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